

UTAH ACCIDENT & HEALTH INSURANCE FILING CERTIFICATION

INSURER NAME _____

Insurer NAIC# _____

EVERY ITEM LISTED BELOW MUST BE INITIALED OR MARKED WITH "NA". "NA" means that you have thoroughly researched the filing and the provision or filing document listed is not applicable to the filing.

_____ **CONTENT STANDARDS** applicable to this filing have been reviewed and the contents of the filing are in compliance. Content standards are available on the department web site, www.insurance.utah.gov.

FORM FILINGS

_____ **Conversion and Utah mini-COBRA** provisions are provided. (31A-22-612, 722 & 723)

_____ **Definitions - Facilities, Providers of Care and Other Terms.** Definitions for most facilities and providers cannot be more restrictive than requiring them to be licensed and operating within their license. (31A-22-618, R590-126 & 233)

_____ **Dependent Coverage.** (31A-22-610, 610.1, 610.5, 611 & 718)

_____ **Age 26.** Dependents covered up to age 26 regardless of residency or student status.

_____ **Newborn & Adopted** children are covered from the moment of birth or date of placement.

_____ **Court Ordered.** Policy provides coverage for children for which a court order applies.

_____ **Adoption Benefit.** The adoption indemnity benefit is payable if the policy provides maternity benefits.

_____ **Discretionary Authority** provision complies with R590-218 & insurer is claim or plan administrator.

_____ **Grace Period.** Policies shall provide a grace period. (31A-22-607)

_____ Individual policies continue with no gap in coverage if premium is paid by the end of the grace period. If premium is not paid by the end of the grace period, policy is terminated on the last date premium was fully paid.

_____ Group policies remain in force during grace period, whether or not premium is paid, insurer may collect unpaid premiums.

_____ **Claims.**

_____ Form provides a grievance procedure process that includes an independent review option. (31A-22-629, R590-203)

_____ Timely payment and recovery of improper payments. (31A-26-301.6)

_____ **Notice and/or Proof of Loss.** Failure to file within a specified time does not invalidate a claim if the claim was filed as soon as reasonably possible. (31A-21-312, Bulletin 87-6)

_____ **Preexisting Conditions and Credit for Previous Coverage.**

_____ **Health Benefit Plans.** 6 month look back, up to 12 /18 month exclusion. (31A-1-301, 31A-22-605.1(4))

_____ **Specified Disease.** 6 month look back, up to 6 month exclusion. (31A-22-605.1(3))

_____ **Long-term Care.** 6 month look back, up to 6 month exclusion. (31A-22-1406)

_____ **Medicare Supplement.** 6 month look back, up to 6 month exclusion. (31A-22-620(3))

_____ **All others.** (31A-22-605.1 & R590-126.)

_____ **Termination Notice to Insureds.**

_____ Employer group contract obligates policyholder to give 30 days prior written notice. (31A-22-716)

_____ Non-renewal notice is given at least 90 days before renewal for individual & non-employer group. (R590-126)

RATE FILINGS

_____ **Health Benefit Plan Rating Manual** complies with 31A-30 & R590-167.

_____ **Long-term Care** issued after January 1, 2003, rating documentation complies with R590-148. Policies issued prior to January 1, 2003, rating documentation complies with R590-85 & R590-148.

_____ **Rate Filings** include all elements required by R590-85, including complete Utah experience history.

REPORT FILINGS

_____ **Health Benefit Plan Reports.**

_____ **Actuarial Certification.** (31A-30-106(4) & R590-167-11)

_____ **Index Rate.** Includes index rate AND percentage change for the class of business. (31A-29-117 & R590-167-11)

_____ **Long-term Care.** All four reports are included and completed. (R590-148-25 & R590-220-13)

_____ **Medicare Supplement Annual Report.** Does not include any references to a rate revision and includes all documentation referenced in the NAIC Medicare Supplement Insurance Compliance Manual.

**I CERTIFY that the above items have been reviewed, responses are correct, and the filing complies with Utah laws and rules.
FILING WILL BE REJECTED IF AN INCOMPLETE OR FALSE CERTIFICATION IS SUBMITTED. FALSE CERTIFICATIONS ARE SUBJECT
TO PENALTIES UNDER 31A-2-308.**

Print Name _____

Signature _____

Date _____

Questions – contact Mr. Troy Stover (801) 538-3404 or tstover@utah.gov.

July 1, 2007